

Screening, Diagnosing, and Training for SAMHSA FASD Center for Excellence Projects

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Project Overview and Objectives

- The Hennepin County Fetal Alcohol Spectrum Disorders (FASD) Program integrated FASD screening, diagnosis and intervention within Hennepin County's juvenile probation and children's mental health system.
- The target audience is adjudicated delinquent youth ages 12 through 18. The goals and outcome objectives of the program are to reduce recidivism, maintain stability in out-of-home placements, and improve home and school functioning.



- These goals are consistent with Minnesota statutes requiring that juvenile justice systems not only provide for public safety and reduce juvenile delinquency but also account for the needs of individual youth and their capacity for growth and change.
- Essentially, this program targets the secondary disabilities associated with FASD
 - Truancy
 - Social vulnerabilities



Service Delivery Process

- The FASD Diagnosis and Intervention initiative is integrated into the Juvenile Court systems. Once youth have been adjudicated delinquent (ages: 12-17) by the Juvenile Court, the youth is then immediately referred to the Department of Community Corrections and Rehabilitation – Juvenile Probation.



- Part of the intake at Juvenile Probation, the adjudicated youth must complete a mental health screen, as mandated by the Minnesota State Legislature. The tool used for the mental health screening is the Massachusetts Youth Screening Instrument Version – 2 (MAYSI-2).
- Youth who are adjudicated delinquent who receive a positive screen on the MAYSI-2, to warrant further mental health screening, will be screened for prenatal alcohol exposure.
- Once the youth screens positive on the MAYSI-2, the FASD Social Worker will interview the youth and their guardian/parent. If the youth was a direct referral from the Court, Attorneys or Probation, the FASD Social Worker will set up an appointment to interview the youth and their guardian/parent. As part of the interview, the FASD Social Worker will ask the guardian/parent if any alcohol was used during pregnancy. Once confirmation of pre-natal alcohol exposure, the FASD Social Worker will make the recommendation that the youth receive a FASD Diagnostic Evaluation at the University of Minnesota and Native American Community Clinic.



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FASD Diagnostic Evaluation

- The University of MN FASD Program completes a full neuropsychological assessment on the youth.
- The evaluation provides a profile of strengths and weaknesses that can assist in intervention planning
 - Social Language weaknesses combined with executive function weaknesses drive the secondary disabilities and vulnerabilities of these individuals with FASD
- A feedback session is then completed that involves FASD social worker, parents, and the probation officer



- Upon completion of the feedback session, the FASD Social Worker will complete an Intervention Case Plan (ICP) with the family and multi-disciplinary team members associated with the youth. Mostly, this takes place immediately following the feedback session at the University of Minnesota.
- It is preferred that all ICPs are completed following the feedback session due to the fresh knowledge of the results, however the alternative also works. The Intervention Case Plan will focus on the recommendations made by the FASD Diagnostic Evaluation report. The Social Worker will identify providers who will be able to provide services as stated in the ICP and FASD Diagnostic Evaluation. The multi-disciplinary team members will provide assistance and encouragement to the youth in completing those activities.



- Youth with FASDs tend to be the higher needs youth associated with case planning and interventions. Therefore, these youth and families need more in-depth assistance in regards to the FASD referral process, paperwork associated with an FASD diagnostic evaluation. In addition to planning and implementing services after the FASD diagnosis. It is important that a worker assist the youth and family at every step of the process to ensure follow through and successful outcomes.
- After the completion of an FASD diagnostic evaluation, it is important that the results are shared with the family, the worker and any other multidisciplinary team members to ensure accurate interpretation of the diagnostic results and successful planning for interventions based on the FASD diagnostic report. This model is associated with a Feedback session with the Clinician and intervention case planning with the multidisciplinary team members.



- The SAMHSA Center of Excellence Project led directly to a collaboration between the U of MN and Minneapolis Public Schools.
- Students often adjudicated for truancy. These students frequently have experienced behavioral difficulties in the classroom.
- The Hennepin County project has established trust with the families that has translated into improved relationships between the families and schools, as well.



Lessons Learned

- Early identification of FASD is critical, however, there is also a need to have a system in place to capture the youths that were not identified early.
- Many youths in juvenile justice system are individuals with undiagnosed FASD.
 - The neurocognitive weaknesses associated with FASD result in vulnerabilities that often lead to behaviors that get individuals involved with juvenile justice system
 - When conceptualized better, judges and probation officers understand the source of the behaviors and can assist in accessing more effective interventions.
- One of the keys to success was the integrated feedback session.
- Also, the relationship between the Courts and the Diagnostic clinic is critical .

